

Cancer is the
Number One cause
of death for
Americans under
age 85.

Partners...

A Newsletter for Partners and Providers of Early Detection Works,

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Director's Message

The annual Breast and Cervical Cancer Conference held April 7-8 in Wichita was a memorable event with nearly 150 attendees including *Early Detection Works* (EDW) providers and breast cancer survivors. The sessions were informative giving participants up-to-date information about breast and cervical cancer. The Susan G. Komen Breast Cancer Foundation co-sponsored the conference.

July 1, 2005, begins a new grant year for *Early Detection Works*, which is funded through a cooperative agreement with the Centers for Disease Control and Prevention (CDC), National Breast and Cervical Screening and Early Detection Program. Due to the reimbursement and CDC fiscal reporting process, **bills for services provided between July 1, 2004, and June 30, 2005, must be submitted to regional nurses by August 15 to ensure proper payment.** For those clients with insurance, please attach the Explanation of Benefits (EOB). If you have questions, please contact your regional nurse for assistance.

Great news for younger women! The *Early Detection Works* Program will offer limited screening and diagnostic services to women younger than age 40. In the past, the program was solely supported by federal funds, but this legislative session, thanks to many volunteers and supportive legislators, the program now has state general funds, enabling service for younger women. **Please note that women younger than 40 who are in need of EDW services must be uninsured and meet established income guidelines.** Please see page 2 for screening and diagnostic guidance for this population of women.

We encourage our providers to work with their patients and the EDW regional nurses to ensure young women who are uninsured and may need care, receive it in a timely manner. In addition to the guidance on page 2 of this newsletter, you'll be receiving a letter and fact sheet in the mail soon. Services for younger women will be available after July 1.

*Janet Neff, Director
Cancer Prevention and Control Program*

REMINDER-The grant year ends June 30, 2005. All bills for services performed from July 1, 2004, through June 30, 2005, must be submitted to KDHE by August 15, 2005.

New Guidelines for Screenings and Diagnostics

During the 2005 Legislative Session, limited state funds were awarded to the Kansas Breast and Cervical Cancer Screening and Early Detection Program administered by the Kansas Department of Health and Environment (KDHE) to provide services to younger women. The current program, Early Detection Works (EDW) is solely funded by a cooperative agreement between the Centers for Disease Control and KDHE.

Beginning July 1, 2005, EDW providers may screen and provide diagnostic services to **uninsured**, income eligible women between the ages of 35-39. Women must have a family income within 250 percent of the poverty level to qualify.

Although the income guidelines remain the same, the program had previously only screened women between 40 and 64 years of age.

Younger women who are diagnosed with cancer will be referred for Medicaid coverage under the Breast and Cervical Cancer Prevention and Treatment Act of 2000.

Services provided to women ages 35-39 will include a clinical breast exam and Pap test. Mammograms will be performed if there is a close family history of breast cancer, the woman has had cancer in the past, or if she is symptomatic. Diagnostics will be covered for symptomatic women. Please note that **ONLY** uninsured young women are eligible for services.

The EDW will continue to partner with the Susan G. Komen Breast Cancer Foundation to provide screening mammograms for women who do not qualify under the KDHE program.

Providers should check their mail for the new Attachment C, Reimbursement Fee Schedule. The new schedule will be effective July 1, 2005 for services occurring on or after that date.

EDW Screening Rates Increasing

The screening rates for women in the Early Detection Works program have been steadily increasing during the last few years with 5,366 women screened during 2004.

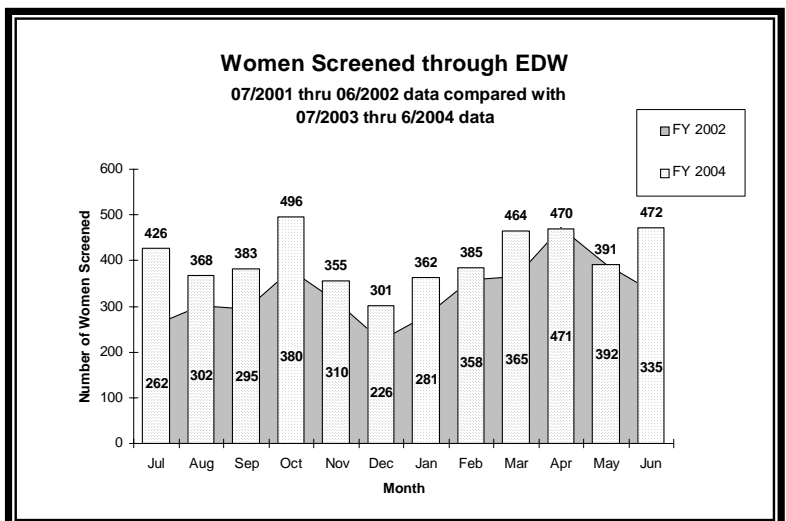
The Minimum Data Elements (MDE) report submitted to the Centers for Disease Control on April 15 indicated that more than 50,000 records have been submitted, an increase of more than 10,000 records since April 2004.

Women screened in the program enrolled by race included 85 percent white, 11 percent Black, three percent Asian and one percent American Indian. The ethnicity numbers indicate 64 percent of the women enrolled were non-Hispanic, 35 percent were Hispanic and one percent were of unknown ethnicity.

More than 18,800 women are enrolled in the EDW program with 8,672 in the 40-49 age group and 7,681 in the 50-64 age group.

During 2004, 3,785 Pap tests and 3,297 mammograms were performed on women in the program. From those pap tests performed 16 CIN II, 16 CIN III, and 2 invasive cancers were detected. From the mammograms performed 41 invasive cancers, 14 Ductal Carcinoma Insitus, and 5 Lobular Carcinoma Insitus were detected.

The chart below indicates the increase in the number of women screened comparing 2002 to 2004. October had the most women screened during the month with a total of 496 women, up from 380 during 2002.



Kickoff held for Kansas Comprehensive Cancer Control and Prevention Plan



Governor Kathleen Sebelius and cancer survivor Sarah Elsen and her family look on as KDHE Director of Health Dr. Howard Rodenber, announces the Kansas Comprehensive Cancer Control and Prevention Plan.

Governor Sebelius and state health officials unveiled the Kansas Comprehensive Cancer Control and Prevention Plan during a news conference at the State Capitol on March 24.

During the past year, the Kansas Cancer Partnership has worked to develop a strategic plan to reduce cancer in Kansas. The partnership is comprised of more than 65 agencies in the public and private sector dedicated to identifying the burden that cancer causes in our state as well as effective approaches to prevent and reduce the disease.

“The effort put forth by the partnership has been tremendous, and we are pleased to have a comprehensive plan which guides the actions needed to begin reducing the incidence of cancer in our state,” said Governor Sebelius. “In addition, Kansas is already taking action to address issues such as obesity, physical inactivity, and tobacco use, which contribute to cancer. Our work in these areas complements this plan.”

“Cancer prevention and control is critical in achieving the goal of Healthy Kansans by 2010 and beyond,” said KDHE Secretary Roderick Bremby.

“This plan provides clear guidance for ways to reduce cancer in Kansas while recognizing health disparities

related to differences in age, sex, socio-economics, race, ethnicity and geography.”

The plan calls for the following actions:

- Increased education, information, and communication regarding prevention and screening.
- Improved access to treatment and coordinated services to help newly diagnosed patients
- Informing policymakers and legislators of issues regarding health insurance for poor and uninsured; coverage for medical advocacy services; and coverage for expenses involving clinical trials
- Improved data collection and access to data to help target cancer prevention and screening efforts
- Pilot communities to target with education/information, surveillance/data gathering, identifying resources, and risk reduction factors.

It is very likely that every Kansan will be impacted by cancer at some point in life, whether individually, or through the diagnosis given to a family member, friend or acquaintance. This plan focuses on six priority cancers and identifies approaches to addressing the burden of cancer including preventing some cancers from occurring, screening to detect cancer at its earliest stages, treating cancer with the most comprehensive/high quality treatment, and addressing survivorship and end of life issues for cancer patients.

Copies of the Cancer Plan can be obtained by contacting the KDHE Cancer Section at the address on this newsletter, by calling 785-296-1228 or on the web at www.kdhe.state.ks.us

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Professional Education

CDC continues to add new codes to our payable list of covered services. As you may recall we now can pay for the LEEP/Cone procedure as a diagnostic test with prior authorization. This change came about in response to the CDC's Medical Advisory review of the new ASCCP guidelines. The next EDW Medical Advisory meeting is June 24. We will review the new allowable codes to add in the appropriate changes at that time.

A one page Pre-approval form is now available for authorization and billing of the LEEP/Cone. The authorization number should be placed on this form and can be acquired by calling Cindy Hasvold at 785-291-3738, or email at chasvold@kdhe.state.ks.us, or by writing in.

We have continued to receive questions from providers regarding the AGC Pap diagnosis. This category continues to cause some confusion. If you need additional information about the management of these sometimes confusing cases, please call us. We have some good articles about the subclassification of this category. The following excerpt was taken from the JAMA 2002:

Recommendations for Managing Women With AGC or AIS

Recommendations for Managing Women with AGC or AIS

Initial Evaluation. Colposcopy with endocervical sampling is recommended for women with all subcategories of AGC, with the exception that women with atypical endometrial cells should initially be evaluated with endometrial sampling (AII). Endometrial sampling should be performed in conjunction with colposcopy in women older than 35 years with AGC and in younger women with AGC who have unexplained vaginal bleeding (AII). Colposcopy with endocervical sampling is also recommended for women with a cytological test result of AIS. Management of women with initial AGC or AIS using a program of repeat cervical cytological testing is unacceptable (EII). Currently, there are insufficient data to allow an assessment of HPV DNA testing in the management of women with AGC or AIS (CIII).

Subsequent Evaluation or Follow-up. If invasive disease is not identified during the initial colposcopic workup, it is recommended that women with AGC "favor neoplasia" or endocervical AIS undergo a diagnostic excisional procedure (AII). The preferred diagnostic excisional procedure for women with AGC or AIS is cold-knife conization (BII). If biopsy-confirmed CIN (of any grade) is identified during the initial workup of a woman with AGC NOS, management should be according to the 2001 Consensus Guidelines for the Management of Women With Cervical Histological Abnormalities (Wright et al, unpublished data, 2001). If no neoplasia is identified during the initial workup of a woman with AGC NOS, it is recommended that the woman be followed up using a program of repeat cervical cytological testing at 4- to 6-month intervals until 4 consecutive "negative for intraepithelial lesion or malignancy" results are obtained after which the woman may return to routine screening (BIII). If a result of either ASC or LSIL is obtained on any of the follow-up Papanicolaou tests, acceptable options include a repeat colposcopic examination or referral to a clinician experienced in the management of complex cytologic situations (BIII).

Early Detection Works

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